

CLAIMS ONLY								Application Number <span style="font-size: 1.2em;">16/021,312</span>		Filing Date		
6/24/5								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3											
Total Depend	45											